

DEPARTMENT OF  
PUBLIC HEALTH AND HUMAN SERVICES



BRIAN SCHWEITZER  
GOVERNOR

JOAN MILES  
DIRECTOR

STATE OF MONTANA

[www.dphhs.mt.gov](http://www.dphhs.mt.gov)

**RECEIVED**

**SEP 16 2008**

**DPHHS-DSD**

Developmental Disabilities  
Program  
2675 Palmer St., Suite B  
Missoula, MT 59808  
Phone: (406) 329-5415  
FAX: 406-329-5490

DATE: September 11, 2008  
TO: Cristin Volinkaty, CEO, Child Developmental Center, Inc.  
FROM: Paula Sherwood, Quality Improvement Specialist, DDP  
RE: Quality Assurance Review Fiscal Year 2009

Please find enclosed the QA Review for Fiscal Year 2009 for the Child Developmental Center, Inc. (CDC). I wish to extend my gratitude to CDC's staff, families, and individuals served for assisting me in setting up schedules, allowing me accompany FSS' on home visits and giving me the time and space to conduct interviews with families and staff. Once again CDC demonstrated that the agency provides exceptional services and it was a great pleasure to be out in the field to witness this first hand.

I look forward to our continued partnership in striving to serve individuals with developmental disabilities. If you have any questions, please do not hesitate to contact me at 329-5418.

cc: Paddy Trusler, CDC Chairperson  
Paula Tripp, Region V Manger, DDP  
John Zeeck, Quality Assurance Specialist, DDP  
Perry Jones, Waiver Specialist, DDP  
Tim Plaska, Community Service Bureau Chief, DDP  
Jackie Emerson, Child and Family Specialist-IFE&S, DDP  
Erica Peterson, Child and Family Specialist-Part C, DDP  
CDC Contract File

## Scope of Review

This review covers the period from August 2007 to August 2008.

## General Areas

### A. ADMINISTRATIVE

The Child Development Center, Inc. (CDC) provides services to families and their children with developmental disabilities throughout Region V. This encompasses seven counties: Missoula, Ravalli, Lake, Mineral, Sanders, Lincoln and Flathead. Services include Part C, Family Education and Support (FES), Intensive Family Education and Support (IFE&S) and Adult Supported Living and Work/Day/Community Employment Services. CDC is not a provider of Community Supports. Individuals served through Supported Living were former recipients of IFE&S who aged out and transferred their funding to adult services. Those under this category are served by CDC only if their family has elected to maintain them in the family home. Family Support Specialists travel extensively to all areas throughout the seven counties, often to very remote locations to meet with individuals served in their family homes.

CDC's main offices are in Missoula with a growing satellite office in Kalispell. The leadership team includes individuals who have extensive experience and years of experience in the field of Developmental Disabilities. CDC operates two Respite houses, one in Missoula and one in Kalispell. These homes each have respite hosts and they have been invaluable to families through the years providing excellent care to children.

CDC also conducts an Evaluation and Diagnosis clinic with a team of professionals who carry out multi-dimensional assessments for children. These include a Psychologist, Speech/Communication Therapist, and a Physical Therapist.

Family Support Specialists have all met the requirements for certification or primary certification as an FSS.

Cost plans for all service recipients are individualized and approved by the agency then submitted to the Region V DDP office for approval. Cost plans are also modified through the same process. CDC is the payer of last resort.

CDC submits a monthly waiting list for IFE&S services as well as any necessary changes to the Region V DDP office.

CHILD DEVELOPMENT CENTER, INC.  
QUALITY ASSURANCE REVIEW, FY '09

All staff who provide transportation for anyone in services are required to have a current driver's license and proof of insurance. Proof of such is kept in CDC's main offices. CDC has complied with the DDP's requirements for the College of Direct Support and appropriate staff are enrolled and are meeting time lines for completion of required modules. CDC follows the Incident Management Policy. Very few incidents occur due to the nature of their service delivery.

Policies and administrative directives for all services are found in CDC's policy manual. CDC is currently CARF accredited. CDC's last Audit was completed on June 3, 2008 by Dick Bridegroom, Auditor-Audit Bureau. The audit report was found to be acceptable with no findings or questioned costs.

There were no deficiencies noted for this review.

Significant events from the agency include the following:

1. At the end of FY '08, CDC managed to stay financially solvent for the year despite huge program losses in Part C, FES, and E&D.
2. CDC was able to raise short term funding money to continue NICU through FY '08. (Significant budget cuts in CDC's E&D contract left no funding available for continuation of the infant follow along clinics.)
3. CDC's Leadership Team has created several motivational events for staff to encourage agency longevity.
4. All financial documentation and studies have been completed on time and have been accurate for DDP's central office.
5. CDC has completed a significant sewer project for our Missoula office.
6. CDC has played a significant role in the development of the new children's autism project.
7. CDC has become a provider and contractor with Child and Family services and Children's Mental Health to provide successful community based placements and programming for children who have been institutionalized out of state.

CHILD DEVELOPMENT CENTER, INC.  
QUALITY ASSURANCE REVIEW, FY '09

8. CDC has spent increased resources, of both time and money, to develop and analyze DDP income and actual costs for services provided.
9. CDC has managed to provide some summer activities and programs for children served. This program has been dramatically reduced, from previous years due to lack of time and money. CDC's dedicated staff have risen to the occasion to provide some service for this need.
10. Numerous forms and processes have been developed in order to meet the needs of the new rate system.
11. Significant research and presentation materials have been developed on the best practices for Autism treatment in young children.
12. Early in 2008, CDC remodeled the garage on our Kalispell property, to create a learning center for vocational training a group work with our older clients.
13. CDC has increased specialized services to children with dual diagnoses through an active partnership with children's mental health services.

B. PART C EARLY INTERVENTION SERVICES

1. Public Awareness/Child Find

CDC coordinates Child Find activities throughout Region V annually. Interagency agreements are documented between CDC and schools and special education cooperatives. CDC FSS' sign up for specific sites, dates and times and conduct screenings for potential referrals.

2. Eligibility

CDC conducts its Eligibility Review Panel on a regularly scheduled basis. This is conducted according to DDP policies and procedures. Two files of children who were not eligible for Part C services were reviewed. There was clear documentation that these children were not eligible and that the families had been referred for other services where appropriate. Part C recipients are not served simultaneously under any other possible service such as FES or IFE&S

3. Time lines

Five files were reviewed for current Part C recipients. All prescribed time lines were met within this sample.

4. IFSP

CHILD DEVELOPMENT CENTER, INC.  
QUALITY ASSURANCE REVIEW, FY '09

All IFSP components were met for all five file reviews.

5. Family Centered Services and Coordination

Two Part C families were interviewed in Missoula and one Part C family was interviewed in Kalispell. All three families felt that their services were family centered. They were very pleased with the resources and information CDC staff have given to them.

Coordination is outstanding and well documented in IFSP's

6. Provision of Resources and Support

Family interviews, contact notes, and IFSP's all documented ample evidence of the provision of resources and supports. Parents interviewed stated that they did not know how they would have survived without CDC support. They had no idea of available ancillary services or how to go about securing such services until they had CDC's services.

7. Information and Referral

Families receive needed and requested information and referral to other services and supports. CDC is to be commended for the resource coordination that they provide. This is evidenced throughout the agency.

8. Transition Planning

One Part C file was reviewed which also included documentation of transition from Part C to Part B services. This information was found throughout the file in contact notes, home visits and the IFSP's. All Part C files showed that parents are informed that Part C services are time limited.

9. Procedural Safeguards

Procedural safeguards are well documented throughout files. All files are confidential. Families have access to their child's file. Families interviewed were knowledgeable about the grievance process. Families also know that they will not jeopardize their services should they choose to participate with only certain parts of services.

10. Feedback from Families/Other Agencies

All interviews with families showed that they were extremely pleased with CDC's services. Conversations with other agencies throughout the year such as schools, Early Head Start, mental health services, DCFS reveal that they rely greatly on CDC and they appreciate their services very much.

C. FAMILY EDUCATION AND SUPPORT SERVICES

1. Eligibility

CHILD DEVELOPMENT CENTER, INC.  
QUALITY ASSURANCE REVIEW, FY '09

The Eligibility and Review Panel meets regularly to assess on-going eligibility for services. The Quality Improvement Specialist is now receiving eligibility determinations for children at age 6.

2. Service Coordination

Five files of FES recipients were reviewed and three families were interviewed, two in Missoula and one in Kalispell. Families attested to the fact that CDC provides superb service coordination. This was also well documented throughout individual files.

3. Individual Family Support Plans

All components for IFSP's were accounted for in file reviews. Services are family centered and outcomes are written in the family's words

4. Family Centered Services

IFSP's documented that families are the main voice in their children's services. Family interviews indicated such also.

5. Provision of Resources and Support

CDC is exceptional in this area and it is evidenced through individual files.

6. Procedural Safeguards

Families are informed of procedural safeguards when they enter services and annually at each IFSP. Families interviewed were aware of these and reported that they were well informed in this area.

D. INTENSIVE FAMILY EDUCATION AND SUPPORT SERVICES

1. Eligibility

CDC's Eligibility Review Panel ensures that all recipients are eligible for IFE&S services. The DDP Quality Improvement Specialist is now determining eligibility at age 6.

2. Family Centered Services

Five IFE&S files were reviewed and three families in and around the Missoula area were interviewed. Files reviews and interviews indicated that services are family centered. Families feel that CDC is extremely focused on the whole family while always keeping the child in the forefront.

3. Individual Family Support Plans

All components of the IFSP's reviewed were in place. IFSP's and 6 month reviews are sent to the Region V QIS upon completion who also reviews them. IFSP's are timely and extremely comprehensive.

CHILD DEVELOPMENT CENTER, INC.  
QUALITY ASSURANCE REVIEW, FY '09

4. Provision of Resources and Supports

As stated previously, CDC does an extraordinary job in assisting families with needed resources and supports. This also includes support groups for families and helping with fundraisers.

5. Time lines

All IFSP's and 6 month reviews have met time lines.

6. Transition Planning

One IFE&S file reviewed also included transition from IFE&S to adult services. This family was also interviewed. Documentation included contacts with an adult provider for day services, referral for DDP Case Management and numerous other contacts for transition.

7. Procedural Safeguards

Please refer to the above services regarding Procedural Safeguards.

E. ADULT SUPPORTED LIVING SERVICES

CDC provides adult supported living services to 7 individuals. All of these people live in their natural homes with their biological parents or with foster families that they have been with through most of their lives. Service recipients have adult Case Managers and CDC provides Supported Living Coordinators, who were formerly the FSS' for these individuals.

i. Health and Safety

Most of the individuals in Supported Living have extensive medical needs and require total care throughout their daily activities. Medical care is monitored by their families. The Annual Health Care Checklist has been in use and is submitted with each annual IP. The IP teams ensure that families are meeting medical, dental and ancillary needs each person may have. Families provide assistance with medication administration.

It was extremely gratifying to learn during the course of a home visit that CDC does not encourage or promote the use of aversive programming including the use of time out. This demonstrates emotionally responsible care giving on the part of CDC staff.

CDC does not own agency vehicles for transportation services.

CHILD DEVELOPMENT CENTER, INC.  
QUALITY ASSURANCE REVIEW, FY '09

ii. Service Planning and Delivery

All IP's for individuals in Supported Living were reviewed throughout the year. Five files were reviewed in the Missoula office for adherence to the IP. Documentation for objectives was in place and time lines had been met for implementation.

Consumer surveys have been completed and submitted with each IP. Interviews conducted during this review were completed with family members as all individuals in services have significant needs and are non-verbal. Families are very familiar with their loved ones and are well informed of their rights, how to proceed with grievances and how and when to contact Adult Protective Services if the need arises. They are the greatest advocates for their adult children.

iii. Staffing

All staff hired to work with Supported Living Individuals have had background checks completed. They have been trained in various areas deemed necessary based on individual needs. These include First Aid/CPR and Mandt training. Hab aides and/or respite workers are scheduled according to family/individual needs and are dependent on available current funding. Hab Aides for all of CDC's service areas are not allowed to assist and/or supervise with medications. Respite providers are allowed to assist/supervise with medications as they are trained by the families and until January, 2009 are not required to have medication certification. The Respite Hosts for Kalispell and Missoula are all med certified.

iv. Incident Management

There was one incident report for an individual in Supported Living Services. This person was extremely medically fragile and passed away during the past year. DDP was notified immediately and further investigation was not warranted.

I. ADULT WORK/DAY/COMMUNITY EMPLOYMENT SERVICES

CDC serves only two adults under this category who also have Supported Living Services. One individual spends much of her week days in the community completing various activities and attending a volunteer position.

i. Health and Safety

See health and safety under Supported Living Services.

ii. Service Planning and Delivery



CHILD DEVELOPMENT CENTER, INC.  
QUALITY ASSURANCE REVIEW, FY '09

See service planning and delivery under Supported Living Services.

iii. Staffing

See staffing under Supported Living Services.

iv. Incident Management

There were no incident reports for either of the individuals served through Work/Day/Employment Services.